

**GIC Health Plan Rates**  
**MONTHLY RATES AS OF JANUARY 1, 2017**  
**FOR TOWN OF NORTH ANDOVER ENROLLEES**

***Active Employees***

		<b>COLUMN A</b>		<b>COLUMN B</b>		<b>COLUMN C</b>	
		For Active Subscribers* On December 31, 2012		For New Subscribers On or After January 1, 2013		For New Subscribers and Health Plan Changes On or After July 1, 2015	
		HMO Plans - 25% PPO & POS** Plans - 25% Indemnity Non Medicare Plans - 50%		HMO Plans - 25% PPO & POS** Plans - 35% Indemnity Non Medicare Plans - 50%		HMO Plans - 25% PPO Plans (refer to Columns A and B) POS** & Indemnity Non Medicare Plans - 50%	
<b>HEALTH PLAN</b>	<b>PLAN TYPE</b>	<b>INDIVIDUAL</b>	<b>FAMILY</b>	<b>INDIVIDUAL</b>	<b>FAMILY</b>	<b>INDIVIDUAL</b>	<b>FAMILY</b>
Fallon Health Direct Care	HMO	\$129.94	\$311.85	\$129.94	\$311.85	\$129.94	\$311.85
Fallon Health Select Care	HMO	\$172.67	\$414.39	\$172.67	\$414.39	\$172.67	\$414.39
Harvard Pilgrim Independence Plan** <b>CLOSED TO NEW MEMBERS</b>	POS	\$204.11	\$498.02	\$285.75	\$697.22	\$408.22	\$996.04
Harvard Pilgrim Primary Choice Plan	HMO	\$152.60	\$372.35	\$152.60	\$372.35	\$152.60	\$372.35
Health New England	HMO	\$133.72	\$331.51	\$133.72	\$331.51	\$133.72	\$331.51
NHP Prime (Neighborhood Health Plan)	HMO	\$128.05	\$339.33	\$128.05	\$339.33	\$128.05	\$339.33
Tufts Health Plan Navigator**	POS	\$171.59	\$418.67	\$240.22	\$586.14	\$343.17	\$837.34
Tufts Health Plan Spirit	HMO-type	\$128.83	\$310.13	\$128.83	\$310.13	\$128.83	\$310.13
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	Indemnity	\$501.21	\$1,173.22	\$501.21	\$1,173.22	\$501.21	\$1,173.22
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	\$479.55	\$1,122.98	\$479.55	\$1,122.98	\$479.55	\$1,122.98
UniCare State Indemnity Plan/Community Choice	PPO-type	\$121.91	\$292.59	\$170.67	\$409.62	Refer to Columns A & B	Refer to Columns A & B
UniCare State Indemnity Plan/PLUS	PPO-type	\$163.83	\$391.53	\$229.36	\$548.15	Refer to Columns A & B	Refer to Columns A & B

\*For those employees who subsequently drop the Town's health insurance entirely and then re-enroll at a later date, these rates no longer apply.

\*\*Effective 7/1/2015, both the Harvard Pilgrim Independence Plan PPO and the Tufts Health Plan Navigator PPO became POS plans. Active subscribers who remained in either of these plans were grandfathered at the percentage rate paid as of 6/30/2015. For those employees who subscribe to these plans on or after 7/1/2015, premium contributions will be 50%.

For those employees who were enrolled in either of the PPO plans identified in the previous paragraph as of 1/1/2014, who enrolled in a new plan (other than a POS plan) as of 7/1/2015, may return to their previous plan by 7/1/2016 (as a POS plan) at the premium contribution rate paid as of 6/30/2015. If enrolled after 7/1/2016, the premium contribution rate will be 50%.

For those employees who were enrolled in either of the PPO plans identified in the previous paragraph as of 1/1/2014, who subsequently dropped the Town's health insurance entirely and then re-enroll in the respective POS plan, may return to the previous contribution rate paid when they left the plan.

*Rates are calculated by the Town of North Andover*

**RATE QUESTIONS? CALL: 978.688.9512**

**GIC Health Plan Rates**  
**MONTHLY RATES AS OF JANUARY 1, 2017**  
**FOR TOWN OF NORTH ANDOVER ENROLLEES**

***Non-Medicare Retirees and Survivors***

***(See Non-Medicare Retirees and Survivors Schedule)***

Health Plan	14%	15 %		17.6%	18.3 %		20%	
	Individual	Individual	Family	Individual	Individual	Family	Individual	Family
Fallon Health Direct Care - HMO	\$72.76	\$77.96	\$187.11	\$91.47	\$95.11	\$228.27	\$103.95	\$249.48
Fallon Health Select Care - HMO	\$96.69	\$103.60	\$248.63	\$121.56	\$126.39	\$303.33	\$138.13	\$331.51
Harvard Pilgrim Independence Plan - POS	N/A	\$122.46	\$298.81	N/A	N/A	N/A	N/A	N/A
Harvard Pilgrim Primary Choice Plan - HMO	\$85.46	\$91.56	\$223.41	\$107.43	\$111.70	\$272.56	\$122.08	\$297.88
Health New England - HMO	\$74.88	\$80.23	\$198.91	\$94.14	\$97.88	\$242.67	\$106.97	\$265.21
NHP Prime (Neighborhood Health Plan) - HMO	\$71.71	\$76.83	\$203.60	\$90.15	\$93.73	\$248.39	\$102.44	\$271.46
Tufts Health Plan Navigator - POS	N/A	\$102.95	\$251.20	N/A	N/A	N/A	N/A	N/A
Tufts Health Plan Spirit - HMO-type	\$72.14	\$77.30	\$186.08	\$90.70	\$94.30	\$227.02	\$103.06	\$248.10
UniCare State Indemnity Plan/Basic with CIC (Comprehensive) - Indemnity	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) - Indemnity	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
UniCare State Indemnity Plan/Community Choice - PPO-type	N/A	\$73.14	\$175.55	N/A	N/A	N/A	N/A	N/A
UniCare State Indemnity Plan/PLUS - PPO-type	N/A	\$98.30	\$234.92	N/A	N/A	N/A	N/A	N/A

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**GIC Health Plan Rates**  
**MONTHLY RATES AS OF JANUARY 1, 2017**  
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***Non-Medicare Retirees and Survivors***  
*(Continued)*  
***(See Non-Medicare Retirees and Survivors Schedule)***

Health Plan	21.3%	21.6 %		25%		35%		50%	
	Individual	Individual	Family	Individual	Family	Individual	Family	Individual	Family
Fallon Health Direct Care - HMO	\$110.70	\$112.26	\$269.44	\$129.94	\$311.85	N/A	N/A	N/A	N/A
Fallon Health Select Care - HMO	\$147.11	\$149.18	\$358.03	\$172.67	\$414.39	N/A	N/A	N/A	N/A
Harvard Pilgrim Independence Plan - POS	N/A	N/A	N/A	\$204.11	\$498.02	\$285.75	\$697.22	\$408.22	\$996.04
Harvard Pilgrim Primary Choice Plan - HMO	\$130.02	\$131.85	\$321.71	\$152.60	\$372.35	N/A	N/A	N/A	N/A
Health New England - HMO	\$113.93	\$115.53	\$286.42	\$133.72	\$331.51	N/A	N/A	N/A	N/A
NHP Prime (Neighborhood Health Plan) - HMO	\$109.10	\$110.64	\$293.18	\$128.05	\$339.33	N/A	N/A	N/A	N/A
Tufts Health Plan Navigator - POS	N/A	N/A	N/A	\$171.59	\$418.67	\$240.22	\$586.14	343.17	837.34
Tufts Health Plan Spirit - HMO-type	\$109.76	\$111.31	\$267.95	\$128.83	\$310.13	N/A	N/A	N/A	N/A
UniCare State Indemnity Plan/Basic with CIC (Comprehensive) - Indemnity	N/A	N/A	N/A	\$250.60	\$586.61	N/A	N/A	\$501.21	\$1,173.22
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) - Indemnity	N/A	N/A	N/A	\$239.77	\$561.49	N/A	N/A	479.55	1,122.98
UniCare State Indemnity Plan/Community Choice - PPO-type	N/A	N/A	N/A	\$121.91	\$262.59	\$170.67	\$409.62	N/A	N/A
UniCare State Indemnity Plan/PLUS – PPO-type	N/A	N/A	N/A	\$163.83	\$391.53	\$229.36	\$548.15	N/A	N/A

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**GIC Health Plan Rates**  
**MONTHLY RATES AS OF JANUARY 1, 2017**  
**FOR TOWN OF NORTH ANDOVER ENROLLEES**

**Non-Medicare Retirees and Survivors Schedule\***

**HMO Contribution Rates\*\***

(Based on Retirement Date and Date Subscribed)

**Non-Union Personnel**

Prior to September 1, 2006	Family – 15.0%	Individual – 14.0%
On or after September 1, 2006	Family – 25.0%	Individual – 25.0%

**All Municipal Unions**

Prior to July 1, 2010	Family – 15.0%	Individual – 14.0%
July 1, 2010 – June 30, 2011	Family – 18.3%	Individual – 17.6%
July 1, 2011 – June 30, 2012	Family – 21.6%	Individual – 21.3%
On or after July 1, 2012	Family – 25.0%	Individual – 25.0%

**School Nurses**

Prior to December 31, 2013	Family – 15.0%	Individual – 15.0%
On or after January 1, 2014	Family – 25.0%	Individual – 25.0%

**School Cafeteria Staff**

Prior to July 1, 2009	Family – 15.0%	Individual – 14.0%
July 1, 2009 – June 30, 2010	Family – 18.3%	Individual – 17.6%
July 1, 2010 – June 30, 2011	Family – 21.6%	Individual – 21.3%
On or after July 1, 2011	Family – 25.0%	Individual – 25.0%

**Teachers**

Prior to December 31, 2013	Family – 15.0%	Individual – 15.0%
On or after January 1, 2014	Family – 25.0%	Individual – 25.0%

**School Administrative Assistants**

Prior to July 1, 2011	Family – 15.0%	Individual – 14.0%
July 1, 2011 – June 30, 2012	Family – 18.3%	Individual – 18.3%
July 1, 2012 – December 31, 2012	Family – 21.6%	Individual – 21.6%
On or after January 1, 2013	Family – 25.0%	Individual – 25.0%

**School Professional Support**

Prior to September 1, 2012	Family – 15.0%	Individual – 14.0%
Sept 1, 2012 – December 31, 2012	Family – 20.0%	Individual – 20.0%
On or after January 1, 2013	Family – 25.0%	Individual – 25.0%

**School Custodians**

Prior to December 1, 2012	Family – 15.0%	Individual – 14.0%
Dec 1, 2012 – Dec 31, 2012	Family – 20.0%	Individual – 20.0%
On or after January 1, 2013	Family – 25.0%	Individual – 25.0%

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**GIC Health Plan Rates**  
**MONTHLY RATES AS OF JANUARY 1, 2017**  
**FOR TOWN OF NORTH ANDOVER ENROLLEES**

**Non-Medicare Retirees and Survivors Schedule\***  
*(Continued)*

**PPO and POS\*\*\*\* Contribution Rates**

Non-Medicare Retirees (Based on Date Subscribed)

Prior to January 1, 2013	Family – 25.0%	Individual – 25.0%
On or after January 1, 2013	Family – 35.0%	Individual – 35.0%
<b>POS Plans</b> - New Enrollments and Plan		
Changes on or after July 1, 2015	Family – 50.0%	Individual – 50.0%

Teachers (Based on Retirement Date and Date Subscribed)

Prior to January 1, 2014***	Family – 15.0%	Individual – 15.0%
<b>POS Plans</b> - Plan Changes on or		
after July 1, 2015	Family – 50.0%	Individual – 50.0%

**Indemnity Contribution Rates**

Non-Medicare Retirees	Family – 50.0%	Individual – 50.0%
Teachers Retired prior to January 1, 2014	Family – 25.0%	Individual – 25.0%

\*See "Non-Medicare Retirees and Survivors" rate sheet.

\*\*If you change from a HMO Plan to a PPO, POS or Indemnity Plan, your prior grandfathered HMO rate no longer applies.

\*\*\*If you change from a PPO Plan to a HMO, POS or Indemnity Plan, your prior grandfathered PPO rate no longer applies.

\*\*\*\*Effective 7/1/2015, both the Harvard Pilgrim Independence Plan PPO and the Tufts Health Plan Navigator PPO became POS Plans. Active subscribers who remained in either of these plans were grandfathered at the percentage rate paid as of 6/30/2015. For those employees who subscribe to these plans on or after July 1, 2015, premium contributions will be 50%.

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***Medicare Retirees and Survivors***

		Medicare Retirees and Survivors	Teachers* Retired before January 1, 2014
		35%	HMO Plans - 15% Indemnity Plans - 25%
Health Plan	Plan Type	Per Person Coverage	Per Person Coverage
Fallon Senior Plan**	Medicare (HMO)	\$117.66	\$50.43
Harvard Pilgrim Medicare Enhance	Medicare (Indemnity)	\$153.71	\$109.79
Health New England MedPlus	Medicare (HMO)	\$143.84	\$61.64
Tufts Health Plan Medicare Complement	Medicare (HMO)	\$139.44	\$59.76
Tufts Health Plan Medicare Preferred**	Medicare (HMO)	\$105.37	\$45.16
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	Medicare (Indemnity)	\$131.12	\$93.66
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Medicare (Indemnity)	\$127.38	\$90.99

*\*Teachers who retired on or after January 1, 2014, see "Medicare Retirees and Survivors" rates.*

*\*\*Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to Federal approval and changed on January 1, 2017.*

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<b>GIC RETIREE DENTAL PLAN</b>	
<i>Includes .35% Administrative Fee</i>	
<b>Monthly GIC Plan Rates as of July 1, 2016</b>	
\$1,250 Maximum Annual Benefit Per Member	
Coverage Type	Retiree Pays Monthly
Single	\$29.47
Family	\$71.00

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